

| POSITION | INITIALS | IC NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | 7-31-01 |
| FORMALITY REVIEW | CH | 1119 | 09-05-01 |
| RESPONSE FORMALITY REVIEW | M.H | 625 | 10-17-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|----------|
| Final Original | |
| 1 | 03-08-04 |
| 2 | 03-01-00 |
| 3 | 03-03-04 |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
|----------------|------|
| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy

701
09/05/01
351
10/18/01